

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>AS</i>	<i>45</i>	<i>2/15</i>
FORMALITY REVIEW	<i>ER</i>	<i>106</i>	<i>3-8-01</i>
RESPONSE FORMALITY REVIEW	<i>T2</i>	<i>JC 947</i>	<i>06/12/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	12 6 12
Original	17 2 9
1	✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	0 0
10	✓ ✓
11	✓ ✓
12	0 0
13	0 0
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	✓ ✓ ✓
18	N
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42	
43	N
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final	6 12
Original	2 1
51	✓ ✓
52	✓ ✓
53	✓ ✓
54	✓ 0
55	✓ 0
56	0 0
57	✓ ✓
58	✓ ✓
59	✓ ✓
60	✓ ✓
61	✓ ✓
62	✓ ✓
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Claim	Date
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LEFT AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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TN  
03/01